

On the Horizon...

New Opportunity to Improve Children's Oral Health – Dental Screening Legislation Passed

A recently enacted S.C. law has the potential to help. Act No. 235 amends the state public health code to require that DHEC implement a program in three to five high need counties for dental screening and treatment referrals for school-age children. As a result of Act No. 235, children and youth attending public schools in the counties will be required to have a dental screen prior to attending kindergarten, third, seventh, and 10th grades or upon entry into a S.C. school. Importantly, the law also requires a community health coordinator position in the identified counties to improve oral health overall and follow-up with the families of those children whose

oral health screening indicates a need for further dental care and/or treatment. While twelve states have school entry screening laws, S.C. is a leader and innovator in this area requiring a referral and treatment component, and support for families through a county community health coordinator position.

http://www.scstatehouse.gov/sess118_2009-2010/bills/286.htm



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Word of Mouth

Promoting the importance of good oral health

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About "Word of Mouth"

It is the S.C. Department of Health and Environmental Control's honor to present the first edition of "Word of Mouth," the state's first oral health newsletter linking the network of oral health advocates throughout S.C. with the successes, challenges and opportunities for improving oral health in our state.

The release of this issue coincides with the 10th Anniversary of our annual Oral Health Forum, *An Oral Health Collaborative: Celebrating South Carolina's Spirit of Social Responsibility*. The principle of social responsibility is a thread that is interwoven

and other key agencies and organizations in improving the oral health of S.C.'s children.

S.C. Takes Action to Improve Oral Health highlights S.C. DHEC and the S.C. Oral Health Advisory Council & Coalition and their impact on improving children's oral health. In the words of Herman Melville, "We cannot live only for ourselves. A thousand fibers connect us with our fellow men."

Promoting Prevention explores innovative ways to integrate evidence-based approaches for prevention of oral diseases through partnerships with traditional and non-traditional partners.

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into the fabric of S.C. at all levels. The strength of our communities is tied to their ability to maximize the resources of agencies, organizations, churches, schools and residents to improve the quality of life for others.

The first edition is focused on the history of a children's oral health collaborative in S.C., its accomplishments, challenges and opportunities for the future. The feature article, *Creating the 'Perfect Storm': How South Carolina Achieved Early Wins for Children's Oral Health*, provides the history of this collaborative led by the S.C. Department of Education, S.C. DHEC

The next edition will be published in June 2011 and will include a focus on early childhood oral health in S.C. and feature articles on the impact of Early Head Start and Head Start on the oral health of young children.

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South Carolina's Vision for Oral Health

Our Vision

We envision a South Carolina where every person enjoys optimal oral health as part of total well-being.

Our Mission

We strive to ensure that all men and women, children and youth, including those with special health care needs, enjoy optimal oral health as part of total well-being.

Our Guiding Principles

- Prevention and education are priorities.
- Treatment is available, accessible, affordable, timely and culturally competent.
- Responsibility is shared among patients, parents, providers, employers and laboration by government, higher education and the private sector ensures resources, quality and patient protection.



South Carolina
Oral Health
Advisory Council & Coalition

Creating the Perfect Storm: Achievements in Children's Oral Health in South Carolina

Improvements to child health systems and the children that they serve are often made through a combination of events, leadership and partnerships that align to create important policy and programmatic change. Such is the case of South Carolina's oral health efforts and the transformation that they have brought to the health of children in the state. The work began in 1999 when the S.C. Department of Education received funding from the national Centers for Disease Control and Prevention for oral health infrastructure development. Anecdotally, S.C. was the only state not to use its funds in sealant programs.

The S.C. Department of Education created a formal partnership, through a memorandum of agreement, with DHEC to address the health of school-aged children. This state partnership established the State Children's Oral Health Coalition, a statewide coalition of providers, child advocates and others that was instrumental in achieving early, important "wins" for the state. These efforts included:

- Support for re-establishing a State Dental Director position at DHEC;
- Participation in a meeting sponsored by the National Governor's Association in 2000, which catalyzed the development of a state oral health plan,
- Questions related to the perceived need for oral health services were included in the 2000 School Health Profile. The findings ultimately drove the development of the state's school-based oral health programs.
- Convening of the State's first Oral Health Summit to address the status of children's oral health, and
- Support for the efforts of the S.C. Dental Association to obtain an increase in Medicaid rates for dental services resulting in increased dentist

participation in the state's dental Medicaid program.

In 2001, DHEC had the opportunity to raise awareness of oral health among school nurses. Specifically, they were trained on how to conduct an oral health assessment. This training laid the groundwork for the work done by the DHEC/Department of Education School Nurse Consultant and is now a part of their annual orientation.

Under the direction of the State Dental Director, the state's first State Oral Health Plan was completed, an Oral Health Advisory Council was established, and the Children's Oral Health Coalition was broadened to address oral health throughout the lifespan. In 2002, the state conducted its first S.C. Oral

At the policy level, increases to Medicaid reimbursement rates for dental services served as a catalyst for improving access to dental care in school-based dental programs and dental clinics for children enrolled in Medicaid. Changes to the state's Dental Practice Act helped establish DHEC's role in the coordination of a public health dental prevention program that uses partnerships with private dental providers to deliver preventive dental services in public health settings.

Altogether, these events were the "perfect storm" that catapulted improvements to dental access in S.C. As the storm has settled, the State Oral Health Program has conducted a second statewide Oral

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Health Needs Assessment of kindergarten and third grade children which provided critical information on the oral health status of children. During that same year, the state received funding from the Robert Wood Johnson Foundation to conduct a DHEC-led oral health initiative, *More Smiling Faces in Beautiful Places*, to focus on children from birth to age 6 and children with special health care needs.

Health Needs Assessment (OHNA) and other surveys. The OHNA uncovered some unserved and underserved populations of children in the state including children who are uninsured but ineligible for Medicaid due to family income and children living in rural areas. Policy changes resulting from the new S.C. oral health screening law and the Affordable Care Act will provide even further opportunities to improve children's oral health in the state.



Promoting Prevention

Since dental caries (tooth decay) is such a highly preventable disease, investments in prevention and promotion activities can have a big payoff on improved child health and cost savings from averted treatment. South Carolina's efforts to promote the importance of children's oral health and prevent dental caries include the role of DHEC in coordinating the school-based dental prevention program delivered by public-private partnerships. Specifically, the DHEC School-based Dental Prevention Program (SDPP) is charged with increasing access to preventive dental services for children in S.C. public schools. School-based and school-linked sealant delivery programs are strongly recommended by the Task Force on Community Preventive Services on the basis of strong evidence of effectiveness in reducing caries on occlusal surfaces of posterior teeth among children.

Guide to Community Preventive Services.

Preventing dental caries: dental school-based or -linked sealant delivery programs.

Access at:
www.thecommunityguide.org/oral/schoolsealants.html.

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SC Takes Action to Improve Oral Health: Impacts and Highlights

South Carolina has a long history of promoting and improving child health and well-being. These efforts were bolstered with the creation of DHEC's Division of Oral Health in 2000 and the development of critical partnerships with the state's dental associations, university dental provider training programs, child advocacy organizations and other key groups. These partnerships and the longstanding efforts of several state agencies and organizations have resulted in new federal and state investments in oral health infrastructure (e.g., data capacity, staffing, training) and programs (e.g., dental sealants), and important changes to state policy that appear to be having an impact on improving children's oral health in S.C.

A recent oral health needs assessment (2007-2008) illustrates a true public health win based on change over a five-year period:ⁱ

- Untreated tooth decay in S.C. children declined from 32 percent in 2002 to 22 percent in 2008.
- Dental sealant usage increased (from 20 percent to 24 percent).
- There was no disparity in the status of sealant use between black and white third graders.
- Children enrolled in Medicaid experienced higher rates of tooth decay; however, they were most connected to dental care as demonstrated by greater sealant use and lower untreated tooth decay as compared to children not enrolled in the Medicaid program.

As a result of S.C.'s oral health efforts, fewer children are experiencing tooth decay and the need for urgent dental care, and more children have dental sealants. Most of the state's public water systems provide fluoridated water and the infrastructure (e.g., equipment) necessary to fluoridate the water has been updated.

In the 2009-2010 school year, more than 7,000 public school children received dental sealants. Standards that provide important guidance to providers (e.g., dental, primary care) about children's oral health have been developed and for the first time in the state's history, the S.C. Department of Education's Health Education Curriculum Standards include a focus on oral health. Finally, important laws have been passed and policies changed enabling greater numbers of children to be screened for dental caries and access dental care. Additional information about the S.C. oral health program activities can be found at: <http://www.scdhec.gov/oralhealth/>

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ⁱ 2007-2008 Oral health Needs Assessment of South Carolina's Kindergarten and Third Grade Children. South Carolina Department of Health and Environmental

